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SHORT TERM GROUP PSYCHOTHERAPY WITH DELINQUENT BOYS

A THESIS

SUBMITTED BY
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(B.A. University of Utah, 1936)

IN PARTIAL FULFILLMENT OF REQUIREMENTS FOR
THE DEGREE OF MASTER OF SCIENCE IN SOCIAL SERVICE

1949

BOSTON UNIVERSITY
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CHAPTER I

PURPOSE OF STUDY, SCOPE AND METHOD

Each year in Massachusetts many children appear before courts for various antisocial acts they have committed. Some of these are hospitalized for a thirty-five day period of observation in the Metropolitan State Hospital at Waltham, Massachusetts. The purpose of the observation period is to determine the various causes for their actions, to furnish a written report to the court, and to indicate recommendations for future treatment.

This is a study of twenty adolescent delinquent boys observed at the Metropolitan State Hospital who received fifteen hours of group psychotherapy. The group psychotherapy was just a part of the total study of the boys.

The purpose of this thesis is to evaluate the fifteen hours of group psychotherapy to determine whether or not such short term therapy is beneficial to each child in either helping him to adjust in the community or in making him amenable to further therapy when he leaves the hospital. If the study reveals any therapeutic value to these children, the program may be further developed and the children's unit of the hospital may utilize the thirty-five day observation period as a therapeutic opportunity along with its diagnosis and recommendations.

This study will attempt to answer the following questions:

1. What beneficial treatment was observed during the hospitalization.

2. What change in the adjustment of these children when they were returned to the community.
3. How these children received further therapy with less resistance.
4. How this short-term group psychotherapy was of value to the professional staff in determining diagnosis and in making recommendations for future treatment beyond the period of observation.

Twenty cases were selected from the total number of forty-five boys who received fifteen hours of group psychotherapy from October 1948 until May 1949. These twenty boys whose case studies formed the basis of the study were the first boys to receive such therapy. Since these twenty boys received the therapy before March 1949, it has been possible to make follow up studies for three months.

Data for this study was obtained from the medical and social histories, from the observations by the writer during the actual fifteen individual hours of groups psychotherapy, each child's verbal expression to the staff and to the court upon being discharged from the hospital, and the probation officers' comments about each boy when the writer contacted them for the follow up report. Material for use in interpreting this study was obtained from the group therapy conferences held weekly for group therapists and the psychiatrists of the hospital staff at which visiting psychiatrists attended.

The schedule, which is attached in the Appendix was

1. The first step in the investigation is to determine the scope of the problem.

2. The second step is to identify the causes of the problem.

3. The third step is to develop a plan of action to solve the problem.

4. The fourth step is to implement the plan of action.

5. The fifth step is to evaluate the results of the plan of action.

6. The sixth step is to make adjustments to the plan of action if necessary.

7. The seventh step is to document the results of the investigation.

8. The eighth step is to share the results of the investigation.

9. The ninth step is to review the investigation process.

10. The tenth step is to conclude the investigation.

11. The eleventh step is to report the results of the investigation.

12. The twelfth step is to follow up on the results of the investigation.

13. The thirteenth step is to evaluate the effectiveness of the investigation.

14. The fourteenth step is to make recommendations for improvement.

15. The fifteenth step is to implement the recommendations.

16. The sixteenth step is to monitor the progress of the implementation.

17. The seventeenth step is to evaluate the results of the implementation.

18. The eighteenth step is to make adjustments to the implementation if necessary.

19. The nineteenth step is to document the results of the implementation.

20. The twentieth step is to share the results of the implementation.

21. The twenty-first step is to review the implementation process.

22. The twenty-second step is to conclude the implementation.

23. The twenty-third step is to report the results of the implementation.

24. The twenty-fourth step is to follow up on the results of the implementation.

25. The twenty-fifth step is to evaluate the effectiveness of the implementation.

26. The twenty-sixth step is to make recommendations for improvement.

27. The twenty-seventh step is to implement the recommendations.

used in each case and served as a basis for classification of the children and for compiling the statistical data.

The children in each group were classified on the basis of their physical characteristics, such as height, weight, and age, and on the basis of their mental characteristics, such as intelligence and personality.

The children in each group were also classified on the basis of their social characteristics, such as their family background, their school record, and their social contacts. The children in each group were also classified on the basis of their cultural characteristics, such as their religious beliefs, their racial background, and their educational attainments.

The children in each group were also classified on the basis of their personality characteristics, such as their temperament, their interests, and their abilities. The children in each group were also classified on the basis of their physical characteristics, such as their height, weight, and age, and on the basis of their mental characteristics, such as intelligence and personality.

The children in each group were also classified on the basis of their social characteristics, such as their family background, their school record, and their social contacts. The children in each group were also classified on the basis of their cultural characteristics, such as their religious beliefs, their racial background, and their educational attainments.

CHAPTER II

GROUP PSYCHOTHERAPY AS IT IS TODAY

Since this study is concerned with only group psychotherapy with adolescent boys, the writer felt that a brief review of the concepts of group psychotherapy in general would provide a background for the study.

The history of group therapy has been presented by Klapman and Slavson. Literature is available on group psychotherapy and more literature is forthcoming. The Sixth Annual Conference of the American Group Therapy Association devoted its whole agenda to the exploration of some of the present practices and attitudes of group therapists experimenting with group psychotherapy.

It is a basic concept that group therapy has been developed as a means of meeting a greater number of people who need help. Any group is a group of people engaged in a shared interest and activity with results which would not have been reached by these same people acting separately in the same limited time. Group relationship modifies the result of activity and it also modifies the nature of the process by which the results are achieved. Each individual exposed to group therapy reacts to the same levels of pressure in some degree as do all its members.

There is a good deal of agreement as to the aims of group psychotherapy, although different authors use different terms to express their opinions. The aim of group therapy is an affective and orientative re-education, and thus a develop-

THE HISTORY OF THE GROUP

Since the group is concerned with only those activities which are essential to the group, the history of the group is not a record of the activities of the group, but a record of the activities which are essential to the group.

The history of the group is not a record of the activities which are essential to the group, but a record of the activities which are essential to the group. The history of the group is not a record of the activities which are essential to the group, but a record of the activities which are essential to the group.

It is a basic concept that the history of the group is not a record of the activities which are essential to the group, but a record of the activities which are essential to the group. The history of the group is not a record of the activities which are essential to the group, but a record of the activities which are essential to the group.

There is a good deal of agreement as to the fact of the group's history, although different groups may have different views on the matter. The history of the group is not a record of the activities which are essential to the group, but a record of the activities which are essential to the group.

ment of insight and adjustment.

There appears to be agreement among the authors that acute psychotics, schizophrenics, paranoids, and hypermanics should be excluded from group psychotherapy. It is most suitable for those individuals who have a need for security and unconditioned love, those who need a sense of self-worth and a building up of Ego, those who need a creative self expression, and those who need an acceptance by the group. Group therapy neither competes with, nor substitutes for individual therapy, it merely meets more people.

The material brought out in individual psychotherapy, i.e., all personal relationships, hostility, resistance, transference, and identification all appear in group psychotherapy.

Group therapy may be conducted by using several techniques, namely, the psychoanalytic approach, stress on spontaneity, and psychodrama. The role of the therapist may be either passive or directive.

The type of therapy used at the Metropolitan State Hospital by the writer was the non-directive, interpretive analytic group psychotherapy.

CHAPTER III

AGENCY, PROCESSES, GROUP THERAPY SET UP

The Metropolitan State Hospital receives children up to the age of sixteen from the entire state of Massachusetts. Since 1946, the Children's Unit of the Hospital has been continuously developed. At present some attempt at segregation has been achieved. There are two wards for boys. Most of the boys in the age group from twelve to sixteen are housed in one wing of the medical building.

Each boy upon admission is interviewed briefly by the physician in charge, is given a complete physical examination, and is assigned to a ward. During the next few days, further medical services are carried out if necessary. Daily routine reports are kept by the nurse in charge of the ward and the boy is interviewed by the physician who makes ward rounds. Notations for the record are made after each interview.

Within the first week after admission a complete mental examination is given the boy by the physician. This includes the boy's attitude and general behavior, and the degree of insight and judgment. The boy remains in the ward for the period of observation of thirty-five days.

During the first two weeks of the period, psychometric tests are given. The tests used are the Stanford Binet, Wechsler Bellevue I, Wechsler Bellevue II, Cowan Adolescent

THE HISTORY OF THE UNITED STATES

The history of the United States is a story of growth and expansion. It begins with the first European settlers in the early 17th century, who came to the New World in search of a better life. Over the years, the colonies grew in number and in size, and they began to assert their independence from Great Britain. The American Revolution was a turning point in the nation's history, as the colonies declared their independence and fought a war to win it. The new nation was born, and it began to shape its own destiny.

The early years of the United States were marked by a period of rapid growth and expansion. The nation's territory grew from a few small colonies on the eastern coast to a vast expanse of land stretching from the Atlantic to the Pacific. This growth was driven by a combination of factors, including the discovery of gold in California and the opening of new trade routes. The nation's population also grew rapidly, as more people came to the United States in search of a better life. This growth led to a period of intense competition for land and resources, which culminated in the Mexican-American War.

The Mexican-American War was a significant event in the nation's history, as it resulted in the acquisition of a vast amount of new territory. This territory, which included California, New Mexico, and Arizona, was added to the United States in 1848. The acquisition of this territory led to a period of intense competition for land and resources, which culminated in the Civil War. The Civil War was a defining moment in the nation's history, as it resulted in the abolition of slavery and the preservation of the Union. The war also led to a period of rapid growth and expansion, as the nation's territory continued to grow and its population continued to increase.

Adjustment, and the Rorschack.

Group psychotherapy as a short-term treatment for these particular delinquents was instituted to determine whether or not any benefit could be derived from it. The group therapy at the hospital was made available to each new boy upon admittance, providing he came in a particular category.

As a rule the thirty-five days were not considered therapy and the entire aim was toward diagnosis and recommendation. In many cases the study of the child took but a few days and the need for therapy was most evident, but the actual therapy was postponed until after the observation period was over and the child was handled by the court. No other treatment was attempted because of the short stay and the lack of follow-up procedures.

During the entire observation period the boy may participate in several activities. He is permitted to help with the work on the ward, assist in the care of other patients, and help in the duties connected with serving meals and distributing clothing. He is also permitted to participate in various recreational activities offered which include movies, dances and games. However, the boys who are court cases are rarely permitted to leave the building during the observation period because the hospital is responsible to the court.

During the latter part of the observation period a

boy is interviewed by the physician at the staff meeting at which time a diagnosis and plan of treatment are made.

A boy begins to receive group psychotherapy within three days after admission. Only boys between the ages of thirteen and sixteen who were committed because of truancy, running away, breaking and entering, stubbornness, or stealing were selected. Types of personality made no difference in the selection. Boys of sub-normal intelligence were not admitted to the group.

The group was so administered that by virtue of the fact that the boys were being admitted at different times there were always some members who were entering therapy and some who were completing therapy.

The group met three times a week and each boy obtained approximately fifteen hours of therapy. The release type of therapy was employed in general but the type of therapy was not constant and depended largely on the needs of the group as they presented themselves. The therapist's role consequently was extremely variable. Each session was recorded by the therapist. Weekly conferences were held with the psychiatrists wherein observations were discussed, methods and techniques were analysed and experiences and literature shared. There were occasional conferences between meetings with the therapist and the psychiatrist for plans for the next meeting.

The group meetings are held in a room off the ward

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but in the same building. The therapist calls for the boys, escorts them to the meeting room and after the meeting escorts them back to the ward. The rooms which are available for the group psychotherapy meetings are not ideal. Either they have too much furniture, windows out of which the group is able to see distracting interests on the outside, or they are too close to some other part of the hospital which cannot tolerate the noise made.

CHAPTER IV
STATISTICAL STUDY OF GROUP

Although group psychotherapy does not lend itself well to statistical analysis the writer has collected the details of this experiment into statistical classifications. In this chapter, tables are made of the twenty boys according to factors in their background, i.e., parental background, placement in family, home situation and court experience. There is information regarding the hospital recommendations, the boys disposition after discharge and his adjustment. There are also data on their reactions in the group therapy situation: (1) the meeting when each boy has shown his acceptance of his situation, (2) the meeting when each boy is able to express his hostility, (3) the meeting when there was a noted change in each boy's behavior in the group, and (4) the meeting when each boy began to indicate that he had some insight that he had a problem.

TABLE I

PARENTAL BACKGROUND

	Alive	Dead	Alco- holic	non Alcoholic	Court Record	No. Court Record	Broken Homes
MOTHER	17	3	6	14	4	16	13
FATHER	11	9	10	10	10	10	
BOTH PARENTS	9	2	4	8	2	8	

RESEARCH REPORT

Although the... (The text is extremely faint and largely illegible, appearing to be a series of paragraphs or a list of points.)

TABLE I

Summary of Results

Year	Month	Day	Temp	Humidity	Wind	Pressure	Notes
1917	Jan	1	32	75	5	30.1	Clear
		2	35	78	6	30.0	Clear
		3	38	80	7	29.9	Clear

TABLE II
BOY'S PLACEMENT IN FAMILY

ONLY CHILD	2
YOUNGEST CHILD	3
OLDEST CHILD	3
MIDDLE CHILD	<u>12</u>
Total	20
MORE THAN 5 IN FAMILY	9
LESS THAN 5 IN FAMILY	<u>11</u>
Total	20

Table II shows the placement of the boys in relationship to their siblings. This distribution indicates that most of the boys were from families which had more than one child and were therefore not thrust into an entirely new situation when placed in a comparatively similar sibling atmosphere in group therapy. Because of the interplay which occurs in group conversations, many sibling associations were discussed and compared with each other. The "middle child" means that the child had older and younger siblings.

The social histories of the twenty boys show certain similarities. These similarities have not been listed statistically but one gathers the impression that each one of the boys had been exposed to some degree of rejection during his life. Many of them began their anti-social behavior at about the same age. Most of them had inadequate parental figures. There seemed to be some coincidental factors found:

1. The histories of seven of the boys reveal that

TABLE I
SOME DATA ON THE DEFORMATION OF
POLYMER FILMS

TEMPERATURE (°C)	INITIAL STRETCH		FINAL STRETCH	
	STRETCH	STRETCH	STRETCH	STRETCH
25	1.0	1.0	1.0	1.0
50	1.0	1.0	1.0	1.0
75	1.0	1.0	1.0	1.0
100	1.0	1.0	1.0	1.0
125	1.0	1.0	1.0	1.0
150	1.0	1.0	1.0	1.0
175	1.0	1.0	1.0	1.0
200	1.0	1.0	1.0	1.0
225	1.0	1.0	1.0	1.0
250	1.0	1.0	1.0	1.0
275	1.0	1.0	1.0	1.0
300	1.0	1.0	1.0	1.0

The data in Table I show that the deformation of the film is independent of temperature. This indicates that the deformation is not a thermally activated process. The fact that the deformation is independent of temperature is in agreement with the theory of the deformation of polymer chains. The theory predicts that the deformation of a polymer chain is independent of temperature, provided the temperature is above the glass transition temperature. The data in Table I are in good agreement with the theory. The deformation of the film is independent of temperature, as predicted by the theory. The fact that the deformation is independent of temperature is in agreement with the theory of the deformation of polymer chains. The theory predicts that the deformation of a polymer chain is independent of temperature, provided the temperature is above the glass transition temperature. The data in Table I are in good agreement with the theory. The deformation of the film is independent of temperature, as predicted by the theory.

they have similar family backgrounds. Both parents are alive. The family situations have been poor ones. The children in each family have been exposed to vicious, cruel, and abusive examples for many years. Either one or both of the parents were alcoholic and had court records. There was much evidence of poor supervision.

2. The histories of eight of the boys reveal that the father was out of the home, either because of death or separation. Each one of these eight had been without a father figure since he became twelve years of age.

3. The histories of five of the boys reveal that they have been without their natural parents most of their lives. They have been "State" children. They have lived in many foster homes and know little if anything about their parents. Their histories also reveal that they have all had serious traumatic experiences of rejection while living in the foster homes.

At the time the boys began their experience in group therapy seven of them were thirteen years old, five of them were fourteen years old, and eight of them were fifteen years old. The histories showed that eleven of the boys had lived in foster homes, five of them had been residents in institutions, and only four of them were living with their natural parents. Sixteen of the boys had had previous court records. All twenty were either from broken homes or one or the other

and very little light is shown. The results are as follows:

The results obtained are as follows: The results are as follows:

When the light is very bright, the results are as follows:

When the light is very dim, the results are as follows:

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When the light is very dim, the results are as follows:

2. The results are as follows:

When the light is very bright, the results are as follows:

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The results are as follows:

When the light is very bright, the results are as follows:

When the light is very dim, the results are as follows:

3. The results are as follows:

When the light is very bright, the results are as follows:

When the light is very dim, the results are as follows:

The results are as follows:

When the light is very bright, the results are as follows:

When the light is very dim, the results are as follows:

of the parents was alcoholic.

The diagnoses of the boys after they had been observed at the hospital was as follows: Ten were "without psychosis, primary behavior disorder of childhood, conduct disturbance, psychoneurosis, mixed type": Ten were "without psychosis, primary behavior disorder of childhood, conduct disturbance, dull normal or borderline intelligence."

TABLE III
DISPOSITION

	FOLLOWED	NOT FOLLOWED
RECOMMENDATIONS MADE BY METROPOLITAN STATE HOSPITAL	8	12

Within a week after each boy was discharged from the hospital and returned to the court, the probation office was contacted. The probation officer's reaction toward the boy and the court's action was recorded. Monthly reports from the date of discharge were obtained from the probation officer, the parents, the foster parents, or group supervisor, and each boy. In some cases the recommendations were followed immediately and in some cases the recommendations were postponed. However, the disposition of each boy was reported, and it was possible to make the follow-up study.

THE UNIVERSITY OF CHICAGO

The University of Chicago is pleased to announce the appointment of Dr. [Name] to the position of [Title]. Dr. [Name] has been a member of the faculty at the University of Chicago since [Year] and has made significant contributions to the field of [Field].

STATEMENT

of the

Faculty of the University of Chicago

in regard to the

appointment of Dr. [Name]

to the

position of [Title]

The Faculty of the University of Chicago is pleased to announce the appointment of Dr. [Name] to the position of [Title]. Dr. [Name] has been a member of the faculty at the University of Chicago since [Year] and has made significant contributions to the field of [Field]. The Faculty has reviewed the nomination of Dr. [Name] and has concluded that he is the best qualified person for the position. We are confident that Dr. [Name] will continue to make significant contributions to the University of Chicago.

TABLE IV
ADJUSTMENT

	CONTROLLED BEHAVIOR	BEHAVIOR CONTINUED	STATUS QUESTIONABLE
RECOMMENDATIONS FOLLOWED	8		
RECOMMENDATIONS NOT FOLLOWED	<u>6</u>	<u>4</u>	<u>2</u>
TOTALS	14	4	2

Table IV reveals that the eight boys who were placed according to the recommendations seem to have controlled their behavior and made some adjustment. The table also reveals that six of the twelve boys who did not receive the placement recommended have been able to control their behavior. Four of these twelve boys were able to control their behavior only for a short time. Two of the boys are in a controlled placement, receive very close supervision, and it is questionable whether or not they have adjusted.

It was recommended by the physicians that eighteen of the boys be removed from their present environment and that they be placed in a group setting where they might receive further therapy. It was recommended that the other two be returned to the setting from which they came but that they receive further therapy from a group therapist. Only eight of these recommendations were followed.

In spite of the fact that only eight of the recommendations were followed, fourteen of the boys seem to have made an adjustment in their behavior. The eight boys who were placed according to the recommendations adjusted and six of

RESEARCHER'S NAME	RESEARCHER'S ADDRESS	RESEARCHER'S PHONE	RESEARCHER'S TITLE
1	2	3	4

1. The first part of the report is a general

introduction to the subject matter and a brief

statement of the objectives of the study.

2. The second part of the report is a

description of the methods used in the study.

3. The third part of the report is a

discussion of the results of the study.

4. The fourth part of the report is a

conclusion and a list of references.

5. The fifth part of the report is a

summary of the findings of the study.

6. The sixth part of the report is a

list of references.

7. The seventh part of the report is a

list of references.

8. The eighth part of the report is a

list of references.

9. The ninth part of the report is a

list of references.

10. The tenth part of the report is a

list of references.

the twelve who were not placed according to the recommendations adjusted also. Two more of these twelve have managed not to get into further trouble, but it is questionable whether or not they have adjusted. Four of the twelve have continued with their anti-social behavior.

The intelligence ratings obtained from either the Wechsler Bellevue Form I or the Wechsler Bellevue Form II, Full Scale score were as follows: one boy was found to be superior, two boys were found to be normal, twelve boys were found to be dull normal or borderline, and five boys were found to be sub-normal. This study does not discuss the bearing the intelligence may have had on the boy's adjustment in the therapy group.

Tables V, VI, VII, and VIII, deal with the reactions of the boys during the fifteen hours of the therapy. For the study the writer has noted acceptance, hostility, change in behavior in the group, and indications of insight. The writer has considered these reactions as indications of the movement toward gaining insight, that there are other children who have similar problems and alleviates the "don't fit in feeling."

TABLE V
ACCEPTANCE

MEETING NUMBER					
	1st	2nd	3rd	6th	8th
	4	8	6	1	1
TOTAL NUMBER	4	12	18	19	20

The first part of the paper is devoted to a general discussion of the problem. It is shown that the problem is equivalent to a problem in the theory of differential equations. The second part is devoted to the construction of a solution of the problem. It is shown that the solution can be expressed in terms of a series of functions. The third part is devoted to the study of the properties of the solution. It is shown that the solution is unique and that it satisfies the conditions of the problem.

The fourth part is devoted to the study of the asymptotic behavior of the solution. It is shown that the solution approaches a certain limit as the independent variable tends to infinity. The fifth part is devoted to the study of the stability of the solution. It is shown that the solution is stable with respect to small changes in the initial conditions. The sixth part is devoted to the study of the dependence of the solution on the parameters of the problem. It is shown that the solution is a continuous function of the parameters. The seventh part is devoted to the study of the numerical solution of the problem. It is shown that the problem can be solved numerically with a high degree of accuracy.

The eighth part is devoted to the study of the physical interpretation of the solution. It is shown that the solution corresponds to a certain physical process. The ninth part is devoted to the study of the applications of the solution. It is shown that the solution can be used to solve a wide variety of problems in physics and engineering. The tenth part is devoted to the study of the history of the problem. It is shown that the problem has been studied by many mathematicians and physicists over the years.

TABLE I

RESULTS	
Parameter	Value
α	0.1
β	0.2
γ	0.3
δ	0.4
ϵ	0.5
ζ	0.6
η	0.7
θ	0.8
ι	0.9
κ	1.0

Because each boy committed to the hospital meets the situation with hostility and distrust it was also noticed that he came to the group meetings with a degree of the same distrust. Table V indicates that by the end of the third meeting most of them had accepted the group, were accepted by the group, and had somewhat accepted the hospitalization. Table V also shows that by the end of the eighth meeting all of them had shown acceptance. This acceptance was manifested in many ways. The writer felt that acceptance was indicated when the boy chose a seat farther away from the therapist, when he began to speak with spontaneity, when he began to question others in the group, and when he was included in the participation by the other members.

TABLE VI
HOSTILITY

		MEETING NUMBER								
		2nd	3rd	4th	5th	6th	7th	8th	9th	10th
		1	2	5	1	3	6	1	0	1
TOTAL	NO.	1	3	8	9	12	18	19	19	20

Each boy eventually expressed some hostility. His hostility was either verbally or physically evidenced. The hostility might have been directed at the therapist, the group, the hospital, parents, life in general or as a reaction to some specific group pressure. Table VI shows the

distribution of the number of boys who, by accepting the group, became integrated enough to express some hostility for the first time. Each boy expressed this hostility many times during the entire fifteen hours after he had once begun. By the end of the sixth meeting the majority of the boys had been able to evidence this hostility. An interesting observation made by the writer which is not shown in the tables was that not one boy manifested any hostility verbally until after he had accepted the group situation.

TABLE VII

CHANGE IN BEHAVIOR IN THE GROUP

		MEETING NUMBER					
		5th	6th	7th	8th	9th	10th
		1	6	7	1	3	2
TOTAL	NO.	1	7	14	15	18	20

It was noted that during the fifteen hours each boy displayed changing behavior patterns. The boy who was verbally withdrawn began to speak with spontaneity. The boy who was tense began to relax. The boy who was noisy and rowdy began to quiet down. The boy who was hostile toward everyone began to be friendly. The boy who was sensitive began to see humor and friendliness in the criticisms he received. The boy who sat on the outskirts of the

The first part of the report is devoted to a description of the
 experimental conditions. The second part contains the results of the
 measurements. The third part is a discussion of the results and
 a comparison with the theoretical predictions. The fourth part
 contains the conclusions and the references.

TABLE I

RESULTS OF THE MEASUREMENTS

Run No.	Time (min)	Temperature (°C)	Pressure (mm Hg)	Volume (ml)	Weight (g)
1	10	20	760	100	0.12
2	20	25	750	100	0.15
3	30	30	740	100	0.18
4	40	35	730	100	0.21
5	50	40	720	100	0.24
6	60	45	710	100	0.27
7	70	50	700	100	0.30
8	80	55	690	100	0.33
9	90	60	680	100	0.36
10	100	65	670	100	0.39
Total	1000	300	7000	1000	3.60

The results of the measurements are shown in Table I. It can be seen
 that the weight of the substance increases with time and temperature.
 This is due to the fact that the substance is being heated and
 the weight of the substance increases as a result of the increase in
 temperature. The results are in good agreement with the theoretical
 predictions.

group began to move toward the center of the group. The boy who sat quietly began to participate. The boy who responded only to questions began to ask questions of others.

Table VII shows at which meetings a change in the behavior was noticed. Not one of the boys indicated any change until the fifth meeting. The majority of them had shown a change by the seventh meeting. All of them had shown a change at the end of the tenth meeting. This change in behavior does not mean that the behavior was the same during the remaining meetings. After the change, the behavior fluctuated. It is recognized that because of the short-term therapy the change was not always for the better.

TABLE VIII
INDICATION OF INSIGHT

	MEETING NUMBER					
	7th	8th	10th	11th	12th	14th
	1	2	3	2	4	8
TOTAL	NO. 1	3	6	8	12	20

The writer has noted three expressions on the part of the boy indicating insight: (1) When the boy asked for a private interview with the therapist, (2) When the boy accepted the opinions of others, and (3) When the boy expressed in his own words his particular problem. Most of the boys requested a private interview with the therapist. This in-

The first part of the paper is devoted to the study of the
 properties of the function $f(x)$ defined by the series

$$f(x) = \sum_{n=0}^{\infty} a_n x^n$$
 where a_n are the coefficients of the series. It is shown that
 the function $f(x)$ is analytic in the region $|x| < 1$ and
 that it satisfies the functional equation

$$f(x) = x f(x^2) + g(x)$$
 where $g(x)$ is a certain function. The function $f(x)$ is
 also shown to be a solution of the differential equation

$$x f'(x) = f(x) - g(x)$$
 The function $f(x)$ is then shown to be a solution of the
 difference equation

$$f(x) = x f(x^2) + g(x)$$
 and it is shown that the function $f(x)$ is a solution of the
 functional equation

$$f(x) = x f(x^2) + g(x)$$

TABLE I
 Values of $f(x)$

Values of $f(x)$				
x	$f(x)$	x^2	$f(x^2)$	$x f(x^2) + g(x)$
0.0	0.0000	0.0000	0.0000	0.0000
0.1	0.1000	0.0100	0.0100	0.1100
0.2	0.2000	0.0400	0.0400	0.2400
0.3	0.3000	0.0900	0.0900	0.3900
0.4	0.4000	0.1600	0.1600	0.5600
0.5	0.5000	0.2500	0.2500	0.7500
0.6	0.6000	0.3600	0.3600	1.0000
0.7	0.7000	0.4900	0.4900	1.3300
0.8	0.8000	0.6400	0.6400	1.7600
0.9	0.9000	0.8100	0.8100	2.3100
1.0	1.0000	1.0000	1.0000	3.0000

The function $f(x)$ is then shown to be a solution of the
 functional equation

$$f(x) = x f(x^2) + g(x)$$
 and it is shown that the function $f(x)$ is a solution of the
 functional equation

$$f(x) = x f(x^2) + g(x)$$

indicated that they were beginning to feel that they did have a problem, that they had some faith in the therapist, and that they still did not entirely trust the group. Most of the boys eventually agreed or accepted their diagnosis or the description of their particular problem when it was mentioned by some other member of the group. This indicated that they were beginning to realize that others were aware that he had a problem and were able to recognize it enough to describe it. Most of the boys during the last meetings were able to say that they had a problem, to describe the problem in their own words, and to suggest one or several ways of meeting the problem.

Table VIII shows that most of the boys began to gain insight during the last four meetings. It also shows that not one of them began to gain insight until the seventh meeting. The table also shows that the entire group did indicate some degree of insight and this insight was expressed.

The first part of the document is a letter from the
author to the editor of the journal. The letter
discusses the author's interest in the subject
of the journal and the author's hope that the
journal will be a valuable source of information
for the author's research. The author also
mentions that the author has written a paper
on the subject and would like to see it
published in the journal. The author concludes
the letter by expressing the author's hope
that the journal will be a success and
that the author's paper will be published
in it.

The second part of the document is a list of
references. The references are listed in
alphabetical order and include the following
works:

- 1. Smith, J. (1980). The history of the
journal. *Journal of the History of the
Journal*, 1(1), 1-10.
- 2. Jones, A. (1985). The development of the
journal. *Journal of the History of the
Journal*, 2(2), 21-30.
- 3. Brown, C. (1990). The future of the
journal. *Journal of the History of the
Journal*, 3(3), 31-40.

The third part of the document is a list of
author's addresses. The addresses are listed
in alphabetical order and include the following
addresses:

- 1. Dr. J. Smith, Department of History,
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Los Angeles, CA 90095.
- 2. Dr. A. Jones, Department of History,
University of Michigan, Ann Arbor,
Ann Arbor, MI 48106.
- 3. Dr. C. Brown, Department of History,
University of Texas at Austin,
Austin, TX 78712.

CHAPTER V

DESCRIPTION OF GROUP THERAPY

Fifteen Typical Group Therapy Sessions

Each session described in this chapter illustrates the reactions of a different boy at that stage of his experience in the group, with particular reference to the point at which acceptance, hostility, change in behavior and indications of insight are expressed. Although these meetings also indicate the role of the therapists, emphasis is on each boy's inter-reaction to the group.

The examples given for the meetings were chosen from the records of these boys because the writer felt them to be typical and most illustrative of the specific meeting.

First Meeting

Usually each boy was interviewed briefly before coming to the group meeting. Either the therapist or the physician explained briefly the purpose of the meetings and warmly invited the boy to attend. Occasionally the boy knew something about the group because of the conversations on the ward with other members of the group. At their first meeting most of them chose a seat beside the therapist. During this first meeting the boy would answer questions from the other members, would tell in some detail the reasons why he was sent to the hospital, and remained pleasant, cooperative and observant the whole hour. At this first meeting the new boy

THE HISTORY OF THE

REIGN OF KING CHARLES THE FIRST

The first year of his Majesty's reign was spent in settling the peace of the Kingdom, and in repairing the breaches made in the late wars. His Majesty's wisdom and clemency were manifest in his treatment of the rebels, who were not only pardoned, but also rewarded for their services. The King's justice and equity were also evident in his management of the public affairs, and in his care for the poor and oppressed.

The second year of his Majesty's reign was spent in settling the peace of the Kingdom, and in repairing the breaches made in the late wars. His Majesty's wisdom and clemency were manifest in his treatment of the rebels, who were not only pardoned, but also rewarded for their services. The King's justice and equity were also evident in his management of the public affairs, and in his care for the poor and oppressed.

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usually indicated insecurity, fear of the group pressure, need for support from the therapist and willingness to be a part of the group. Rarely is there any expression of hostility, profanity, or spontaneity. Before the boy is requested to tell his story several of the other members tells the purpose of the meetings and describe their particular situation. If the group does not spontaneously tell the new boy the purposes of the meetings the therapist reminds them that there is a new boy present who is unfamiliar with the plan.

EXAMPLE

AM chose the seat directly in front of the therapist. One of the boys told the purpose of the group meetings. The others told in some detail why they were at the hospital, their family background and their positive feelings about the group meetings. AM was then asked to tell his story. Since the other boys had told their stories in such detail, AM described his situation in the same pattern. (Each new boy seems to tell his story with the same pattern of dialogue that the others have told their stories.) AM told that his father was alcoholic and was serving time at Bridgewater. His mother was on ADC. He had been placed in many foster homes and had always run away from them and would return to his mother. He has a seventeen year old brother whom he likes and an eight year old sister whom he teases. He likes his sister but she does not like him. His mother is always out of the home and there is no supervision. The "kids" in the neighborhood dislike him and when he returns home he gets in fights with them. The recent situation happened when he and his sister were fighting with the neighborhood children, running in and out of his home and making a lot of noise. He stuck his head out of the window to see if the kids were still out watching for him and was hit on the head with a rock that one of them threw. When his mother came home she had to take care of the wound, was annoyed because of the fight and "bawled him out." This made him very angry, he "sassed" his mother and they struck each other. He has in the past been considered a stubborn child by his mother and she is the one who has him

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 7. the seventh point is the manner in which the
 8. the eighth point is the manner in which the
 9. the ninth point is the manner in which the
 10. the tenth point is the manner in which the

APPENDIX

The following table shows the results of the
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 8. the eighth point is the manner in which the
 9. the ninth point is the manner in which the
 10. the tenth point is the manner in which the

placed in foster homes. After this fight he was again taken by the cops after they had had to search the neighborhood for him. He was "pushed around" by the cops and "questioned" by the judge. Because everyone was "so tough" with him he refused to answer any questions and did not try to defend himself. He felt that he was sent to the hospital because the judge and cops thought he was "nuts" when he wouldn't talk. Most of the meeting AM was tense and serious. However, toward the last of the hour he smiled with the group. After he had told his story and had answered the questions willingly, the group talked about their problems and conditions at the hospital. There was conversation regarding "adolescence" and "masturbation." AM asked what the words meant. One of the boys explained the terms. AM did not participate in any of the conversation after he had told his story. The group questioned AM while he was narrating, and also listened with interest. Since every boy in this group had similar background, therapist pointed this fact out to them - at the end of the meeting. During this meeting the 'release type' of therapy was used by the therapist. The therapist very seldom participated. Often the therapist can take advantage of the new boy's story in bringing the other members back to the reality situation. More often the group reacts to the new boy's story and again discusses the reality situation as it pertains to each one.

Second Meeting

At the second meeting the boy seldom participated. It was noted that most of them chose seats farther away from the therapist. Most of them did not talk at all, nor were they questioned by the group. They were quite ignored. Occasionally hostility was expressed about something. The group seemed to take the attitude that they had already heard the story and it was up to the boy to become part of the group and to 'catch on' by himself.

EXAMPLE

LH entered the room, did not choose the seat next to therapist as he had the first meeting. The group was very active, very profane, and expressed many criticisms about the hospital after they had listened to a new member's story. This particular meeting was recorded through a microphone. LH handled objects in the room, did not talk and stayed by

himself. At the end of the meeting he said he thought the group talked "too dirty." He was very tense and moved from his seat when there were about five minutes left in the hour. Because this meeting was being recorded the therapist said very little, did not summarize the meeting and did not place any limitations to the activity. There were eight boys in the group and only one new member. The personalities of the others were evident in their behavior but LH seemed to be there in body only.

Third Meeting

Eleven of the boys again chose a seat next to the therapist. Most of them participated with the group in questioning a new member, especially when the new boy had problems similar to their own. The majority of them also participated when the group was discussing a particular problem. Very seldom did the group discuss the boy's situation. He was still ignored and his personality had not become known to the group setting although by this time he was beginning to show his personality on the ward.

EXAMPLE

ES chose a seat next to therapist. He listened attentively to a new boy's story and offered a few relevant questions. One of the older members was discussed by the group regarding his behavior in his home and ES offered a few suggestions and questions. His responses were not entirely spontaneous. At this particular meeting there were only four members. Therapist stimulated a good deal of the conversation after the purpose of the meetings had been explained to the new member and the new member had finished with his story. Therapist assumed the role of a 'good hostess' and passed the 'ball' around, calling in the contributions of each of the boys. This technique is not considered one of the best types, but because of the size of the group and the lack of homogenousness of the members, it was used.

Fourth Meeting

By the fourth meeting a boy's personality was expressed. His nervous symptoms, if he had any, were shown. By this time he participated with the group. He indicated that he wanted to talk about his problem. Either the boy sat again next to the therapist or farthest away from the therapist. Some hostility was expressed. The group was now aware of the boy's presence and he was definitely a part of the group.

EXAMPLE

AO entered the room, chose the seat farthest from therapist and group. Was aloof and refused to be part of the group. He reclined on several chairs and refused to answer any questions. AO had an IQ of 130 and one of his attitudes was that he was more intelligent than the others. The group was persistent in bringing him into the conversations. He made sarcastic replies instead of answering the questions. An example: When one of the boys threw a small piece of paper at him trying to get him up from his reclining position, AO looked at the paper and said in a piercing sarcastic tone, "Have you ever had an IQ taken?" One of the boys walked by AO and touched him. Very quickly AO jumped from the chair, hit the boy very hard many times and immediately sat down among the group. The boy whom he hit began to cry and tried to leave the room. Therapist suggested that the two boys discuss the situation. The atmosphere of the group was very tense and the others did not indicate interest in the situation. After this release of hostility AO seemed very relaxed. He calmly tried to intellectualize his action. He said the boy was always hitting smaller children and he just did not like him. He then took over the conversation for the rest of the hour, projecting his ideas on the boy he had hit. His delivery was that of a leader in discussing the situation. At the end of the hour when the group was on its way to the ward AO asked worker if it was compulsory that he attend the meetings. Therapist asked him why he asked and his response was that the therapy was good for the other boys because they needed it, but he felt that he knew his problem.

Fifth Meeting

During this meeting the boy began to discuss the therapist. He either criticized the therapist or defended the therapist if someone else was critical. Many of the boys by this time were free enough to criticize the group or specific members. Many of them began to control the group. It was noted that most of them began to talk about themselves again and express a little anxiety about their situation.

EXAMPLE

CT chose the seat closest to therapist. The group began to talk about one of the boys who had left the hospital and how much the group meetings had helped him. There was much interrelationship of the members and there was no new member. There were five in the group and they had met together the five times. Since the atmosphere of the conversation was more intense because they had begun by discussing the boy who left the hospital, CT started to talk about his situation. He had been in many foster homes and had traveled a good deal. He said that he was not interested in anyone. "People can go to hell." He described his home, his living with his paternal aunt and grandmother. Said that he "gives them trouble" by his sauciness and tormenting. He mentioned his past record and that one time he was accused of "rape" but that he had told the people to bring the girl before him and he would prove that he hadn't. He said that he liked New Orleans because he had friends there. Some nurses passed by the window and he commented that he liked to have the sample of his blood taken by that particular one because she affect him. As he mentioned this, he pantomined getting an erection. CT commented about therapist's ring and tie. Several in the group talked about the hospital and foster homes and being abused by attendants and foster parents. CT summarized the group's hostility toward people who are associated with institutions and foster homes by saying any one in the group would welcome an opportunity to break out and run away but that he would not run away while he was with the therapist because he felt that the therapist was trying to help him and the group by having the meetings. The type of therapy used in this particular meeting was the release type. Because of the spontaneity of the members the therapist gave them reassurance by listening with interest.

Sixth Meeting

Many of the boys during the sixth meeting continued to talk about their problems. Most of them began to show leadership by "taking over" the meeting. It was noted that fewer of them chose the seat by therapist. They begin to talk more about their problem and begin to describe their difficulty with a more reality flavor.

EXAMPLE

CT (the same boy described in the fifth meeting) came to the meeting with tie undone. At the beginning of the meeting he told a new boy the purpose of the meetings. After the boy had finished his story CT began to talk about his family. Said he had fond memories of his father but hated his step-mother. He brought with him a letter from his aunt which he asked therapist to read. After the therapist had read the letter CT described the home where his aunt lives. The aunt is separated from her husband and CT dislikes him. The group started to mention things they like to do. Therapist knew that CT was talented in drawing and asked him if he had paper or would like some paper to draw on while he was at the hospital. CT immediately said he liked to draw religious pictures. He moved from his chair and drew a picture of a cross on the blackboard and labeled it, "Cross on Mountain." Another boy called him a "bastard" while he was drawing. CT became angry and started to hit the boy but before he got to him he started to smile. Someone asked him why he didn't hit. His answer was that he guessed he had "cooled off." The last few minutes of the hour CT sat down again and mentioned the number of meetings he had attended and said he was not getting any help.

Seventh Meeting

During the seventh meeting boys who were previously reluctant to talk freely began to discuss their situation. Many of them asked therapist for a private interview and questioned the therapeutic value of talking things over.

Very few of them sat by the therapist. The majority of them chose any seat indicating that they were neither rejecting nor depending upon the therapist.

EXAMPLE

RM was a boy who had said very little since his first meeting. During this meeting he expressed his hostility toward his school and his maiden aunt who is his guardian. He told that he and his father entered their home once and overheard the aunt talking about the father running around with other women. The father was very angry. RM picked up a chair and hit the aunt - if he hadn't his father would have. Two days later the father dropped dead on the street. He had a heart attack. He told of running away from a temporary foster home twice and returning to his mother and aunt. He said that the court said that that was one thing good about him, that he always returned home. He described his present home life and the strict discipline the aunt tries to enforce. She makes him go to bed early while she sits up and talks. He continued to relate that things were much better now because the aunt had brought him some candy when she came to visit him. He seemed less anxious than he had previously been. He wanted the meeting to break up so that he could return to some chore on the ward. He wondered if telling his story over and over again was going to help. This was the first time RM even hinted that there might be a problem.

Eighth Meeting

Several of the boys brought letters to the meeting for therapist to read. Bringing letters to the meeting was not a president. It was noticed that the boys who bring the letters have not been in the same group when it had been done before. Bringing something to the meeting for therapist to see is an indication that the boy is beginning to have some confidence in the therapist. Many of the boys by the eighth meeting began to contribute to the 'sexy' conversations. Many of the boys became more critical of the therapist. It

was also observed that the therapist was aware by this meeting if a boy was not showing any integration and he would try to bring him into the group either by suggesting to other members that they bring him in or by talking directly to the boy.

EXAMPLE

ES had received letters from his mother and brother previous to the meeting and brought them with him to the meeting and asked therapist to read them. Because of these letters being read aloud at the meeting, much of the conversation pertained to ES and his problem. The group response to ES's situation was good in helping him see the practical reality. For many years ES had been trying to find his mother and at last letters were exchanged through his social worker. The content of the letters indicated there was some interest in ES. However, the group talked it out and felt that if the mother had been interested in ES she would have been in contact with him before this time. ES became somewhat tense and the expression on his face became set when the group described the situation as it was. The group suggested that ES write to his mother requesting that she describe her feelings toward him. He was slow to grasp the idea clearly. One of the boys was very blunt and cruel in describing the situation and ES became angry. Therapist participated in the meeting by reading the letters aloud at ES's request.

Ninth Meeting

The eighth and ninth meetings were very similar.

EXAMPLE

JF was a boy who had sat on the outskirts of the group since the first meeting and had not participated. He had merely smiled when the group had attempted to discuss his problem or attempted to get him to discuss it. Therapist became directive and suggested that the group not forget that JF was among them and that he had not contributed anything. JF then began to answer questions. He stammered a good deal only at the beginning words of the sentences, but seemed more relaxed as he continued. He told that his father beats him because he teases him when he comes home from work. Guessed that his father was too tired to play. Group com-

mented that most fathers would like their sons to tease them, and that there must be something else happening in the home. JF then told that he steals from his home and has stayed away as long as eight days. He was unable to say why he stole from his own home or why he stayed away from the home and school. However, he was able to talk about it and freely express himself for the first time.

Tenth Meeting

By the tenth meeting a boy is less hostile. There is more ventilation. He is more accepting of the hospital and the situation. He accepts the opinions of the group with less resistance. He may even ask for group decisions and help.

EXAMPLE

RM was a boy who had resisted every meeting. He was hostile because he was in the hospital, very critical of the therapist and the group, and uncooperative about everything. When therapist met the group to take them to the meeting room, RM was waiting, ready to come, and anxious to get in the room. He chose the seat farthest from therapist and was requested to join the group by the others. He at first refused to move from his seat and said that he could hear that far away. Very soon afterward he came to the group circle and sat closest to therapist. He became very talkative about his problem. There was less expression of hostility and he seemed more relaxed. The group described his antisocial behavior on the ward and reminded him that he was in the hospital because he couldn't get along with people, used too much profanity, and refused to mix with the group and emphasized the points to prove that his behavior was not improving. RM got an angry expression on his face but did not have a temper tantrum during the hour. At the end of the hour he did not want the meeting to break up and said, "This hour went too fast."

Eleventh Meeting

There was a great similarity in the observations made of the tenth and eleventh meetings. Changes in attitude seemed

to be more frequent at these meetings. By this time the boy has definitely accepted the worker and there is evidence of transference. If there is smoking at the meeting the boy who has been there ten or eleven times will offer a cigarette to the therapist. He will participate in the conversations spontaneously.

EXAMPLE

AO at most of the previous meetings had been resistive and hostile. Many times he had asked if he had to attend meetings. However, he was always eager to come when meeting time arrived. During this eleventh meeting he chose the seat next to therapist for the first time since the first meeting. He sat back on the chair and it slipped and he fell on the floor. He remained there for some time before getting up. He blushed and was self-conscious. He participated in the conversation by directing questions which were related to the difficulties of the other boys and his own problem. He said during this meeting that he likes to come to the group meetings because he doesn't have to talk. There was smoking this day and he offered therapist a cigarette.

Twelfth Meeting

By the twelfth meeting a boy is anxious to talk about himself. If he expresses hostility it is on a more realistic level. When the hostility is expressed it is related to the problem. There is evidence that he is beginning to have some degree of insight and that he does have a problem. He will respond when someone asks if he has a problem.

EXAMPLE

AO (the same boy used previously) came to the meeting very relaxed. He chose an easy chair - the only easy chair in the room. He gave suggestions to the others in helping to discuss their problem. He talked about himself. Told that his problem must be resolved from within him, through his

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family. He said that he had an Oedipus conflict - ". . . so Dr. _____ says." He told that he could live with an aunt and a cousin and then said that a change of environment might not help him, that he would have to face the situation and handle it.

Thirteenth Meeting

Most of the boys by the thirteenth meeting were more relaxed. They would begin to talk about leaving the hospital and how they were going to behave on the outside. By this meeting all of them had accepted the therapist with confidence. Hostility was minimized. Few expressed any hostility or resistance. More of them showed indications of insight and accepted the fact that they did have a problem which they had to face.

EXAMPLE

AM chose the seat next to the therapist. He talked about leaving the hospital. He said that the hospital had helped him. The psychologist had given him another test and had said he was better. He smiled a good deal. The strained expression on his face was not as evident as it had been previously. He said that the therapist had a good deal to do about the patients leaving the hospital and asked for reassurance from the therapist that he was better. He talked about activities in the hospital. There was a new member and AM took over the group in orienting the boy. He told with clarity the purpose of the meetings, how they helped each other, and questioned the boy with sympathy and understanding. He led the discussion with the group in deciding what the new boy's problem was.

Fourteenth and Fifteenth Meetings

By this time a boy knows that he is soon to leave the hospital and the group is also aware of the fact. The therapist attempted to get each boy at the last meetings to discuss his situation in detail and express his plans for the future.

Most of the time the group atmosphere brings out the conversation spontaneously without the therapist directing the conversation. By the last meeting every one of the boys had talked over his problem and had discussed his future with some awareness that he had a problem. Not always was he able to verbalize any direct plan in attempting to control his anti-social behavior, but he was able to recognize the difficulties in his situation. The last example is a boy who sat quietly and listened during the entire thirteen meetings. The group pressure during the last two meetings brought out his feelings.

EXAMPLE

Since it was JD's last two meetings the group directed questions at him. He was able to talk about his parents' drinking and the impossible living situation at home. He felt his mother could correct her drinking but that his father could not. He described the home conditions, the uncleanness and the objections that society has against such homes. He felt that his siblings should not be in the home but he felt that he was old enough to help his parents. He expressed his hostility at the officers who described his home in court. There was some emotional reaction to the group when they pointed out the facts to him. He said that he felt a little sad leaving the hospital because he had made so many friends while he was there. He accepted the opinion of the group that it was not his responsibility at his age to supply food and clothing for his family and therefore he should not feel that it was necessary to steal for them. He realized that that there were state funds available for his family and that stealing from others did not help him.

ONE SPECIFIC BOY

Family: Father was an alcoholic, psychopathic, syphilitic, and played the part of the malingerer and hypochondriac. Has a court record which dates back to 1923 and in 1943 was com-

mitted to Bridgewater for neglect of children. It is also said that he was very abusive to patient. The mother was also a chronic alcoholic, and was cruel and abusive toward her children. There were 8 siblings who lived together until 1940. His present family - adoptive parents and one adoptive brother, younger - have lived together since 1942. The adoptive father is hard, driving, and a compulsive person who has shown little flexibility in handling patient. They have used and still do use professional people and professional institutions, clinics and agencies, with a view to get substantiation for a plan which they have already formulated neurotically. The father constantly swears at patient, restricts him, beats him, and tells him that he will turn out to be a bum. The mother drinks. She has admitted regretting the adoption and the father has said that no matter if the patient were an angel in the future, he would still resent him.

Patient: Is extremely unhappy, realized the parent's open rejection and inability to tolerate him. Has been a "problem child" since 6 years of age and peculiarity first noted because of his inability to adjust to any environment. Has lived in several foster homes. He has been a behavior problem, a truant, untruthful, has been involved in thievery and has shown abnormal sex interest. There had been a number of complaints from the police but no court action. He is said to be tense, and suspicious of all adults, feels that he is not liked and people pick on him. Resents discipline, defiant of

and the following day arrived at 11:30 AM.
 This was the first time in history. The history was
 also a common knowledge, and was known by every person.
 On the other hand, there were 2 things for every person.
 will find. The answer is (1) - answer is (2) and the
 answer is (3). Answer - that first answer is (1).
 The answer is (2), (3), (4), (5), and a complete answer.
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regulations has escaped four times from Wrentham State School, shows no capacity for persistent effort in any industry. Despite his running away, he does it in such a way that he will always be found again. The running away is an acting out of his childish fantasy of being found by idealized parents or parental figures.

Patient began to receive group psychotherapy two weeks after he had been admitted to the hospital. During these two weeks the therapist was away on vacation and the three other boys who remained in the hospital plus the other boys in the hospital who had been in the group meetings had discussed with the patient the positive rapport they had with the therapists, and the purpose of the group. The patient was relatively mature enough to accept the reality of the situation and the therapist took advantage of this initial rapport thus created. He talked freely about his present situation, answered the questions of the group but made a point to let therapist know that he had had many social workers and psychiatrists talk with him indicating that he was not entirely accepting the therapist "from what he had heard." He sat farthest away from the therapist.

The second meeting he sat directly in front of the therapist and expressed his hostility toward his father. He mentioned that his father was crippled, was superintendent of a hospital, was criticized by his employees - which embarrassed the patient - that his father was having an affair with one of his clerks who is also crippled, and that both his parents

The first thing I noticed when I stepped out of the car was the smell of the sea. It was a salty, bracing scent that filled my lungs and made me feel like I was breathing fresh air. I had never smelled anything like this before. The sun was shining brightly, and the water was a deep, vibrant blue. I could see the whitecaps in the distance, and the sound of the waves crashing against the rocks was a constant, soothing hum. I felt a sense of peace and tranquility that I had never experienced before.

As I walked along the shore, I noticed how the sand felt under my feet. It was soft and warm, and it seemed to absorb the heat of the sun. I had never felt sand like this before. The water was so clear that I could see the rocks and shells on the bottom. I was amazed at how beautiful everything was. The sky was a perfect shade of blue, and the clouds were wispy and white. I felt like I was in a dream world. I had never seen anything like this before. The air was so fresh and clean that it felt like I was breathing life. I had never felt so alive before.

The second thing I noticed was the sound of the waves. It was a rhythmic, soothing sound that seemed to lull me into a state of relaxation. I had never heard anything like this before. The waves were crashing against the rocks, and the sound was a constant, soothing hum. I felt a sense of peace and tranquility that I had never experienced before. The water was so clear that I could see the rocks and shells on the bottom. I was amazed at how beautiful everything was. The sky was a perfect shade of blue, and the clouds were wispy and white. I felt like I was in a dream world. I had never seen anything like this before.

drank too much. Several times he mentioned that his father did not like him.

The third meeting there was a new member. Several in the group asked the therapist to help them. The patient said that the boys would have to help themselves, mentioning again that he was used to social workers. During this meeting there were sexual conversations and patient took the initiative to explain the terms "adolescence" and "masturbation."

The fourth meeting was held after many incidents had happened on the ward which the group wanted to discuss. Patient was anxious to talk about himself and made requests of the therapist such as having him telephone his parents for clothes, etc. One of the boys tried to whisper something to the therapist and the patient prevented this. He explained to the group that it was a group meeting and that the therapist was one of the group. He, with a good deal of clear thinking presented the objectives of several boys with similar problems getting together to discuss their problems and that the therapist would offer help to them as a group, not on an individual basis. With this direction from the patient the boy disclosed his secret to the group and there was spontaneously an outburst of group unity. The patient assumed the role of the leader in trying to solve their problem. Previous to the outburst the patient had been very critical of the boy regarding his appearance and behavior on the ward. There was much sexual conversation and the

It is not clear whether the author is referring to the
 fact that the

The following table shows the results of the
 in the first part of the study. The results

will show the only case where the data is positive, indicating
 that the data is not in line with the hypothesis.

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The following table shows the results of the
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The following table shows the results of the
 in the sixth part of the study.

There were several other cases where the data was positive,
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patient, without many erotic intonations, described his present sexual behavior. The therapist realized the traumatic situation which the group was experiencing and was aware of the patient's ability to help the group come to some conclusions in handling their predicament and therefore remained passive in the discussion until requested by the group to initiate action in control. Because of lack of knowledge regarding the patient's history, the therapist was cautious in dealing with the patient's expression of leadership. The therapist also felt, since this was only the fourth meeting, that this manifested expression might only be a temporary feeling. However, the therapist also felt that this was a reality situation and that it was wise to allow patient to use his initiative and display his "strengths." At the end of the meeting the group shook hands with each other to keep the confidence of the meeting, and the patient 'made' each one shake hands with the therapist also, emphasizing that the therapist was one of the group and that his participation and cooperation was as important as any other member.

The fifth meeting, the patient expressed some resistance when he first came into the room. He sat next to the therapist, however. He was resistive because he was doing something pleasant on the ward and did not want to be interrupted. The therapist did not handle the opportunity too well. If the therapist had known more about the patient, or had had more

insight relative to working through resistance he might have taken this opportunity to discuss the situation with something comparable to his resistance in his home life. However, with just a stimulating question from the therapist, the patient began to criticize the newest boy in the group for not talking about himself, and made the statement, "Something must be wrong with us or we wouldn't be here. It's up to this class to help us find out what's wrong with us." He also indicated some tenseness this day by biting his fingernails.

The sixth meeting the entire group met the therapist with complete resistance to cooperation - lacking a verbal manifestation of hostility. Each slumped in his chair and remained silent for almost fifteen minutes. The patient broke the silence with a monologue mostly about his parents. The therapist remained silent also and made no attempt to stimulate conversation. The therapist probably missed another opportunity and probably did an unwise thing. The therapist also slumped in his chair and indicated he also would remain silent. If there was anything of value in the gesture of the therapist it was in the reaction of the patient. To several in the group, the therapist became something which they could criticize. The patient, however, very soon registered an expression that indicated to the therapist that he grasped the situation more or less on an unconscious level, smiled guiltily and began his monologue. There certainly

The first section of the report deals with the general situation of the country and the progress of the work done during the year. It then goes on to discuss the various departments and the work done in each of them. The second section deals with the financial statement and the accounts of the various departments. The third section deals with the work done in the various departments and the progress of the work done during the year. The fourth section deals with the work done in the various departments and the progress of the work done during the year. The fifth section deals with the work done in the various departments and the progress of the work done during the year.

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was an element of identification here and may have been a good deal of transference. The therapist was not sure at the time just why patient chose to break the silence. Perhaps he was embarrassed for the therapist as he was embarrassed for his father when the employees criticized his father. The entire group broke the silence finally with a good deal of activity and hostile expressions against the group meetings, the hospital, and the therapist. One of the boys was extremely hostile and destructive. The patient lost his temper, picked up the boy and threw him on the floor. It was in reality an outburst of temper. This was another opportunity for the therapist to discuss the situation, but before the therapist could take advantage of the opportunity, two of the boys began to fight and the patient humorously acted like he was a radio announcer calling out the details of the fight. He did not want the group to break up. The therapist felt that the patient had some guilt feelings because of his behavior during the meeting and wanted an opportunity to leave the therapist with a better impression.

The seventh meeting, the patient indicated that he had more definitely accepted the therapist on a positive basis by asking if he might have a private interview. He said that he felt that the therapist and the doctor could help him more if he were allowed to talk privately. Several times during the meeting he expressed himself well and the therapist gave him reassurance by mentioning the specific times. The

therapist felt that this reassurance was timely and of therapeutic value in keeping patient's problems with the group. The therapist also felt that some transference was recognizable unconsciously by the patient and consciously by the therapist. The therapist felt that at this time it would have been unwise to comply with the patient's request for the private interview because patient might have begun to be dependent on the therapist. The therapist also felt that since this was the first real expression in this way that it should happen several more times before it could actually be described as a transference situation.

The eighth meeting, the patient again mentioned that his father was crippled. He, for the first time, mentioned that his brother was crippled also. He expressed hostility toward both, but more specifically against the father because he felt that the father used his being crippled as an excuse for many things.

The ninth meeting, the patient seemed to be the only one in the group who wanted help. He mentioned that he had read his card on the ward which read that he was "inferior," "episodic," and "paranoid." He wanted the therapist to explain the terms. The therapist explained the words by describing incidents in the group meetings which the other boys had experienced. As each word was explained, patient described his own behavior which related to each word. In talking about himself he mentioned that one of the employees at his father's hospital had persisted in touching him with homosexual im-

The first thing that struck me when I stepped
 out of the car was the smell of the sea. It was
 a salty, bracing smell that I had never
 experienced before. The air was clean and
 fresh, a stark contrast to the smoggy
 atmosphere of the city. I took a deep
 breath and felt a sense of relief. The
 sun was shining brightly, and the water
 was a beautiful blue. I had finally
 reached the beach.

The beach was wide and sandy, with a few
 people scattered about. I walked along the
 shore, feeling the sand between my toes.
 The waves were crashing against the rocks,
 creating a rhythmic sound. I had never
 seen anything like this before. It was
 a beautiful sight, and I felt a sense of
 peace.

The water was clear and blue, and I
 could see the bottom of the sea. I had
 never seen anything like this before. It
 was a beautiful sight, and I felt a sense
 of peace. The sun was shining brightly,
 and the water was a beautiful blue. I
 had finally reached the beach.

plications and that he had lost his temper and struck the man. His father was aware of the facts of the incident but did not stand behind the patient and therefore accused him of having "episodic temper." One of the boys in the group drew a suggestive picture of the therapist and a girl whom the patient was interested in. The patient became angry and hit the boy who was sitting directly in back of the therapist. In striking the boy he barely missed the therapist. Immediately he apologized to the therapist. During this meeting he was not friendly to the group. He was not amused at the sexual conversation and expressed by action his hostility toward everyone - with the exception of the therapist.

The tenth meeting, the patient quieted the group when they were discussing something which happened on the ward with the suggestion that the therapist would probably tell the doctors. The therapist repeated the statement and the patient said that he was sorry he had said that. Mention was made that his father had many hobbies. The therapist asked him if he were interested in any of them and he answered with a frown, "I hate all of my father's hobbies." Quickly he contradicted himself and said, "I don't mean that."

Previous to the eleventh meeting, the therapist had telephoned the parents requesting clothing and money for the patient. This 'errand' for the patient was relayed to the patient and he again expressed his hostility toward his

The first part of the report is devoted to a general
 description of the work done during the year.
 The second part contains a detailed account of the
 various experiments carried out, and the results
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 of the results, and to a comparison with the
 results obtained by other workers in the field.
 The fourth part contains a summary of the work
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parents. The therapist had talked to the mother. The patient suggested that the therapist telephone again and talk directly with the father. He said his father used big words, and that he and the therapist could understand each other. He said that his father had more concern for him than did his mother. The therapist sensed that the patient was beginning to have feelings that the therapist was similar to his father. During this meeting the patient and several of the others said that their mothers did not want them. The patient indicated that he was a part of the hospital.

The twelfth meeting the patient again expressed his feelings that his father did not want him. He mentioned to the group that he had received shock treatment at the Psychopathic Hospital and watched the therapist to see the reaction. The therapist was not aware that the patient had ever received shock treatment, but the therapist did not express any challenging expression.

The thirteenth meeting, the patient was more relaxed than he had ever been. Previous to this meeting he had been given the Wechsler-Bellevue Form I test. His C.A. was 15.9, Full Scale I.Q. 89, Verbal Scale 88, and Performance Scale I.Q. 92. The findings possibly represented some improvement in his efficiency when it was considered that an I.Q. of 67 was obtained on the Revised Beta Examination one month previously. The therapist attempted to give him some

The first part of the report is devoted to a general survey of the situation in the country. It is found that the country is in a state of general depression, and that the people are suffering from want and distress. The cause of this is attributed to the war, and to the policy of the Government. It is suggested that the Government should take steps to relieve the suffering of the people, and to restore the country to a state of prosperity.

The second part of the report is devoted to a detailed account of the operations of the Government. It is found that the Government has been unable to carry out its policy, and that the country is in a state of anarchy. It is suggested that the Government should be reformed, and that the people should be given a voice in the Government.

The third part of the report is devoted to a description of the state of the country. It is found that the country is in a state of general poverty, and that the people are suffering from want and distress. It is suggested that the Government should take steps to relieve the suffering of the people, and to restore the country to a state of prosperity.

The fourth part of the report is devoted to a description of the state of the country. It is found that the country is in a state of general poverty, and that the people are suffering from want and distress. It is suggested that the Government should take steps to relieve the suffering of the people, and to restore the country to a state of prosperity.

reassurance that he is better. Patient began the conversation by talking about leaving the hospital because the psychologist had told him that he was better. Although patient was more pleasant he verbalized some hostility toward the therapist by saying that the therapist had a good deal to do with the patients leaving the hospital, and he felt that the therapist should answer the direct questions of the group.

The fourteenth meeting there were two new boys in the group. The patient questioned them regarding their behavior. Occasionally he would remind himself and the therapist that he was getting better. One of the boys left the group to look in the telephone book. The patient made him come back into the group and talk; he again mentioned to the group that he had had insulin and shock treatments because he was nervous. He wondered what his future would be. He said he definitely would not want to remain in the hospital. The therapist mentioned to him that if he continued to improve, maybe the hospital would be a good thing for him for a little while - a few months longer. He looked at the therapist and said, "Maybe so. You say I'm getting better." He brought to the meeting a tie which had been given to him by one of the attendants and seemed pleased to show it to the therapist, mentioning that he liked to take care of his clothes.

The fifteenth meeting was observed by a doctor. Patient sat next to the therapist. This is the first time he had sat close to the therapist in the fifteen meetings. Usually it was across a table or directly in front of the therapist.

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There was another new boy in the group and the patient, conscious that the group was being observed by the doctor, explained the purpose of the group meetings. The therapist suggested to the patient that since this was the last time he would meet with this specific group that he tell the new member the purpose, because he probably by now had some understanding. He expressed himself very well indicating that he had insight in regard to the purpose of the group but there was little indication that he had insight into his own problem. The therapist felt that he was given an opportunity to reveal his feelings, but instead displayed more of the transference going on unconsciously in his feelings. The therapist feels that the patient was placing the therapist in his father's role and wanted to make a good impression for the therapist in the eyes of the observing doctor. The therapist did not get the feeling that the patient was identifying himself with the therapist.

Recommendations: The physician's recommendation was, "Although the boy has a substantially lower I.Q. than his parents, it would appear that he deals at an emotional level commensurate with theirs. The boy's social deviation has been pushed so far along the way that it is relatively unlikely that he will make an adequate adjustment ever in his adoptive parents' home. We feel that the adoptive parents

are as contributory to this boy's antisocial adjustment as were his previous parents and foster parents. It would seem that the most likely course of rehabilitation of this individual would be in a group placement of his contemporaries."

Disposition: The boy was committed to the hospital until he was sixteen years old. He was placed in another group where he received deeper psychotherapy.

During the fifteen hours of the group psychotherapy this boy furnished information of diagnostic value and the therapy rendered him less resistive to further therapy. He received analytic therapy for three months after the fifteen hours were over. He adjusted in the hospital, was able to control his temper, became less sensitive, and was able to ventilate his deepest feelings. He accepted the therapist and the continued therapy. When he was returned to the court on his sixteenth birthday he was able to talk about his adoptive parents' rejection with less hostility and more understanding, and was able to accept the plans of the court and participated in the plan by suggesting some recommendations and his willingness to cooperate.

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CHAPTER VI
SUMMARY AND CONCLUSIONS

This has been a description of fifteen hours of group therapy with twenty boys between the ages of thirteen and fifteen who were committed by court to the Metropolitan State Hospital for observation for a period of thirty-five days. The goal of the study was to evaluate such short-term group psychotherapy with adolescent delinquent boys.

The conclusions made from this study are expected to answer the four general questions set forth in Chapter I, namely:

1. That fifteen hours of group psychotherapy may be considered beneficial treatment.
2. That there is a change in the adjustment of these children when they are returned to the community.
3. That these children received further therapy with less resistance.
4. That this short-term group psychotherapy is of value to the professional staff in determining diagnosis and making recommendations for future treatment beyond the period of observation.

In the study the writer has come to the conclusion that each boy given the fifteen hours of therapy was benefited. The basic concepts of any group psychotherapy were in evidence. A greater number of boys received treatment and help than would have been possible without the group therapy

program. Each boy during the fifteen hours worked through some of his hostilities and resistances. Each boy also gained some degree of insight into the fact that he did have a problem. During the meetings it was noted that often boys would begin to talk about a problem after some other boy had mentioned his similar problem. Vital points and problems are expressed spontaneously during group meetings when the associative thoughts, in the minds of the boys, to the subjects being discussed, are aroused.

It was felt that the experiment was successful in giving each boy insight through the insight of his contemporaries. Each boy learned to communicate in an understandable way things which he previously had not been able to understand. Each boy seemed to calm down and his anxiety was lessened. The "don't fit in" feeling, common in most of the boys, was reduced. The expressions, reactions, and behavior of each boy led the writer to the conclusion that the therapy made each boy realize that other boys had problems, and that he had specific problems, and that there were problems which were unaccepted by society. However, each boy drew his own conclusions about his problem and was able to express his own feelings. There was a noted change in the adjustment of these boys when they were returned to the community. The common opinion of the probation officers who were contacted by the writer, was that each boy was able to talk about his problem and was able to conform to the re-

quests of the court. Most of the boys' antisocial behavior has been temporarily controlled. School authorities noticed the difference and report their observations to the probation officers. Parents feel that the boy has benefited from the group therapy experience. The boys report their ability to control their behavior.

According to the therapists who continued treating the boys after the initial fifteen hours were finished, the boys were less resistive to treatment, responded to further treatment, and progress and movement was evident. They seem to be oriented to the purpose of further therapy where before they met any type of therapy with resistance because they associated therapy with punishment. It was noted that many of the boys recommended that they receive further therapy during the last few hours of the fifteen meetings.

This short term group psychotherapy is valuable to the professional staff in determining diagnosis and in making recommendations for future treatment beyond the period of observation. The staff considered the group therapy record of each boy as part of the observation and study made during the boys' stay in the hospital. The group therapy was also considered treatment. The observations made by the therapist contributed to the diagnosis and helped in the suggestions for further treatment.

It was noticed that the group meetings gave the boy a

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chance to ventilate his hostilities and thus made for better ward adjustment in the hospital. Each boy's hatred for authority was lessened and as a result he was cooperative with the physicians and attendants. Because transference takes place at a greater number of levels in group psychotherapy in contrast to individual therapy where it occurs on fewer levels, each boy ventilated his situation more freely and the therapist by recording the observations became aware of the boy's inner feelings regarding his behavior. This knowledge was then given to the staff because of its value in making the diagnosis and recommendations.

From this study the writer concludes that treatment was given in a short period of time where otherwise the time would have been used only for observation. Insight into the boys' behavior given the staff was in itself of diagnostic value. The fifteen hours of therapy made each boy somewhat aware that he had a problem and he therefore became amenable to further therapy.

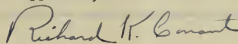
In judging the value of these fifteen hours of group psychotherapy with these twenty adolescent delinquent boys, the writer wishes to make clear that the study does not evaluate the work of the individual therapist in the sense of attempting to say whether the methods and techniques were suitable to the situations. Such a study might be made if adequate criteria were available, but such was not the purpose

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of the present analysis.

The study revealed that this experiment offers a very fertile field for further research which is necessary at this time because of the comparatively recent use of group psychotherapy. It is felt that even in such a short contact with these boys, the underlying mechanisms for their delinquencies tend to thrust themselves through the surface and point out to us the avenues which should be followed in intensive psychotherapy with boys of this sort if they are to arrive at self understanding.

Approved,



Richard K. Conant
Dean

GROUP THERAPY SCHEDULE

NAME

Birthdate

C. A.

M. A.

Religion

Nationality

Father Alive
 Dead
 Divorced
 Remarried
 Alcoholic
 Education
 Age
 Court Record
 Intelligence

Mother Alive
 Dead
 Divorced
 Remarried
 Alcoholic
 Education
 Age
 Court Record
 Intelligence

I. Q. W.B. #1
 W.B. #2
 S.B.

Siblings Sisters
 Brothers
 Place

Court None
 Record 1
 2
 3
 More

GROUP THERAPY SCHEDULE (Con.)

Admit. Date

Release Date

Diagnosis

Recommendations

Group therapy Number of meetings
 When presented at staff
 Acceptance
 Hostility
 Change in behavior
 Indication of insight

Disposition Home
 Foster Home
 Institution
 Hospitalization

1st Week 1st Mo. 2nd Mo. 3rd Mo.

Follow-up Probation Officer
 Parents
 Foster Parents
 Therapist
 Patient

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